

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St Lukes  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether years, months or days)  
In this community years, months or days

3. (a) PRINT FULL NAME Lula Harris

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 19th-1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Jarvis Township Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

12. Name Lewis B Harris

13. Birthplace Madison Co. Ills.  
(City, town, or county) (State or foreign country)

14. Maiden name Arkansas Cook

15. Birthplace Madison Co. Ills.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Harris  
(b) Address R 1 Collinsville, Ills.

17. (a) removal (b) Date thereof 1/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ills.

18. (a) Signature of funeral director Geo M. Schroeppel

(b) Address Collinsville, Ills.

19. (a) JAN 20 1942 (b) J. F. Bricker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
(c) City or town Collinsville, Ills.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R R 1 Collinsville, Ills.  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1942 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from April  
1934 to Jan 18 1942  
that I last saw her alive on Jan 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Mediastinal tumor with carcinomatous degeneration  
Due to 8 yrs

Due to 478  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Bricker (M. D. or other) MD  
Address 8720 Washington Blvd Date signed 1-18-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Geo. M. Schaeppel

Licensed Embalmer No.

1598

P. O. Address

Callinsville, Ill.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**